NHS
Manchester University
NHS Foundation Trust

Second Opinion External Blood Film Referral Form

(insert LF_HAEM_GH158, revision 1)

General Haematology - Lab use only

Affix Specimen Label

Patient Details: *Please complete ALL sections legibly and label blood film adequately (minimum of 3 patient identifiers).*

Surname:		**Hospital number:**	
Forename:		**NHS number:**	
Date of Birth:		**Sex:**	
Sample Date/Time:		**Referral Hospital:**	

Referring Clinician/Healthcare Professional:

Requesting Doctor (in full):	
E-mail:	
Contact Tel (in full):	

FBC data:

FBC date	HB	WBC	PLT	MCV	MCH	Neuts	Lymph	Monos	Eos	Baso

Other relevant blood results:

Local Laboratory Film Report:

Clinical Details:

Reason for referral:

☐ Abnormal cells requiring identification
☐ Suspected lymphoma involvement
☐ Neutropenia
☐ Platelet morphology
☐ Suspected acute leukaemia
☐ Suspected haemolytic process
☐ Pancytopenia
☐ Other (please specify):
☐ Thrombocytopenia
☐ Red cell morphology
☐ Atypical lymphocytes

Name of Clinician contacted at MFT:	
Date/Time contacted:	

Guidance Notes

Referring Clinician/Healthcare Professional

The following details are mandatory:

- **Requesting doctor: initials are not acceptable as the laboratory cannot identify the clinician/healthcare professional. A minimum of first initials and surname must be provided.**
- **Hospital should be clearly identifiable; initials are not acceptable as the laboratory cannot identify the hospital. Trusts with more than one hospital should clearly identify the referring hospital.**
- **Blood films should be clearly labelled with minimum of 3 patient identifiers. Film referred with insufficient details will not be reported. Other details should be completed as fully as possible:**
- **Requesting doctor must discuss with paediatric haematology clinical team at MFT prior to sending blood films.**
- **Email/Tel; without an email/telephone number, urgent results cannot be given.**

Please contact the General Haematology Laboratory before sending the slides

General Haematology (Autolab), Manchester Royal Infirmary, Clinical Sciences Building 2 (Ground Floor), Oxford Road, Manchester M13 9WL.

***Tel**: 0161 276 4030*

For Laboratory Use only	
Name of Haem Clinician contacted:	
Date/Time contacted:	
BMS Initials:	